



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

COSMETOLOGY LICENSE BY EXAMINATION APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples.**

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. NAME - Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DO YOU HAVE A SOCIAL SECURITY NUMBER - Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
3. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014
4. DATE OF BIRTH - Write your birthdate.
5. GENDER - Select whether you are male or female.
6. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
7. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS - Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
9. EXPIRED TEXAS COSMETOLOGY LICENSE NUMBER - Write the license number of your expired Texas cosmetology license. Use this application if your Texas cosmetology license has been expired more than three years. If expired for less than three years, you maybe able to renew you expired license.
10. TYPE OF LICENSE APPLYING FOR - Check the box of the license you are applying for. If you are qualifying to take a Texas cosmetology license exam with an out-of-state cosmetology license, you must submit with your application:
 - a copy of your out-of-state cosmetology license and
 - a letter of certification from the out-of-state licensing agency.

If you are qualifying to take the exam with training hours earned at an out-of-state cosmetology school, you must submit with your application:

 - a certified copy of your transcript of hours earned.
11. HIGH SCHOOL DIPLOMA OR G.E.D. - Check YES or NO as to indicate if you have graduated from high school or earned a G.E.D.

12. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

13. DISCIPLINARY ACTION HISTORY - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf

14. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you date and sign your application.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGS LC)** unless the licensee has entered into a repayment agreement with TGS LC. YOU SHOULD CONTACT TGS LC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGS LC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation, PO Box 15996, Austin, Texas 78761-5996, Telephone: (800) 222-6297.**



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2088
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

FOR LICENSING USE ONLY

COSMETOLOGY LICENSE BY EXAMINATION APPLICATION

FOR FINANCIAL SERVICES USE ONLY

Do Not Write Above This Line

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$50 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Do you have a Social Security Number (SSN): ☐ Yes ☐ No

3. Social Security Number:

(See instruction sheet for disclosure information) _____

4. Date of Birth:

_____-_____-_____
Month Day Year

5. Gender:

☐ Male ☐ Female

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

7. Phone Number:

City State Zip Code (Area Code) Phone Number

8. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Expired Texas Cosmetology License Number:

Texas cosmetology licenses expired more than three years

10. Type of License Applying for:

☐ Cosmetology Operator ☐ Esthetician Specialty ☐ Manicurist Specialty ☐ Esthetician/Manicurist Specialty
☐ Wig Specialty ☐ Hair Weaving Specialty ☐ Eyelash Extension Specialty

11. Have you obtained a high school Diploma or the equivalent of a high school diploma? ☐ Yes ☐ No

12. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? ☐ Yes ☐ No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See the instruction sheet for more information

13. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state? ☐ Yes ☐ No

If YES, attach a Disciplinary Action Questionnaire to this application.
(This does not include your driver license.)

14. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Applicant Signature